MULTIPLE DEPENDENT CLAIM FEE CALCU TION SHEET

SERIAL NO. 10/534346
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

Į	AS F	FILED		FTER	AF	TER
	IND.	DEP.		DEP.	^{2 M} AME IND.	NOMENT
1			17	DEI.	IND.	DEP.
_						
_		 		17		
_			 	17		
_		 		 		
-		├		 		
		 		 		
		1	 	+ -		
				1-7		
				1		
_						
_				/		
_		 	 	1-4-		
_		 	 	 		
				 		
-				 -/- 	 	
_				 		
				1		
				_ /, _		
			Ţ.,			· 1
_						
_			<u>:</u>	-/-		
_				-/-		
_				/	\longrightarrow	
				-/-		
				7		
				1		
_				-/-		
_				-	 -	
_				- 		
				 	-+	
_				_/		
_						
_	 -			4		
_				-/-		
_	$\dot{-}$		-			
			1			
_						
	- 					
		₽.	7	B		8
		42	40	4		601
			#/1	2000	Į,	
_		THE WAY	<i>'— </i>	COLUMN TO SERVICE		200